

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-043911

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

10842

FILED NOV 19 1962

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Louis

Length of stay in 1b
1 Day

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY

c. CITY OR TOWN St. Louis

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION De Paul Hospital

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS 5884a Easton Avenue (If outside, give location)

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

First Middle Last
Arthur Oliver Atkins, Sr.

4. DATE OF DEATH
Month Day Year
Nov. 10 1962

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
11-7-93

9. AGE (last birthday)
69

IF UNDER 1 YEAR
Months Days

IF UNDER 24 HR
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Tuckpointing Contractor

10b. KIND OF BUSINESS OR INDUSTRY
Tuckpointing

11. BIRTHPLACE (City and state or country)
Birmingham, Eng.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Harry Atkins

13b. MOTHER'S MAIDEN NAME

Emma Brumbridge

14. NAME OF HUSBAND OR WIFE

Emma Atkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
A Mrs. Emma Atkins, 5884a Easton

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pulmonary insufficiency

INTERVAL BETWEEN ONSET AND DEATH
6 months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Pulmonary fibrosis

12 years

DUE TO (c)

Chronic bronchitis with emphysema

12 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Chronic pulmonary heart disease 502.0

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 3:30 P.M. November 9, 1962 to Nov. 10, 1962 and last saw him alive on Nov. 10, 1962.
Death occurred at 4:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

John T. Linton, M.D.

22b. ADDRESS

634 N. Grand Blvd.

22c. DATE SIGNED

11-12-62

23a. BURIAL, CREMATION, REMOVAL (Specify)
removal

23b. DATE

11-14-62

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery

23d. LOCATION (City, town, or county)

St. Louis County Mo.

24. FUNERAL DIRECTOR

ADDRESS

Drehmann-Haral, 1905 Union Blvd.

25. DATE RECD. BY LOCAL REG.

Nov. 13, 1962

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

1

2

3

4

5

6

7

8

VS 300
Rev. 4/59

206

0

1

2

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

VS 300
Rev. 4/59

206

0

1

2

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

Dr. John Lawton
Mo. Theatre Bldg.
Until 1PM Mon.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Albert R. Thompson

Licensed Embalmer No. _____

40237

P. O. Address _____

H. J. Davis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.